



## HIGHER EDUCATION EMPLOYEES PLAN 3 INVESTMENT PROGRAM

P.O. Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov  
Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

This election form is for employees of higher education institutions who become eligible for the higher education retirement plan on or after July 1, 2011, and who have elected to participate in the Washington State Teachers' Retirement System (TRS) Plan 3 (with faculty status), or the Washington State Public Employees' Retirement System (PERS) Plan 3 (without faculty status).

As a Plan 3 member you **also** need to select a contribution rate and investment program. If you do not select a contribution rate or investment program you will be defaulted to contribution rate Option A (five percent), and the Retirement Strategy Fund that assumes you'll retire at age 65.

Both PERS Plan 3 and TRS Plan 3 members may change their investment program at any time.

### Personal Data (to be completed by member)

Name (Last, First, Middle)	Maiden Name	System <input type="checkbox"/> PERS <input type="checkbox"/> TRS	Social Security Number
Mailing Address	City	State	ZIP
			Phone Number (   )

### Selection of Contribution Rate

Place a check mark in the box next to the contribution rate option you choose. All Plan 3 members are eligible to change their contribution rate if they change employers. TRS Plan 3 members may also change their contribution rate each January, *subject to continued approval by the Internal Revenue Service*.

		Base Rate	Additional Rate	Total Member Contribution Rate
<input type="checkbox"/> Option A	All ages	5.0%	0.0%	5.0%
<input type="checkbox"/> Option B	Up to Age 35	5.0%	0.0%	5.0%
	Age 35 to 44	5.0%	1.0%	6.0%
	Age 45 and above	5.0%	2.5%	7.5%
<input type="checkbox"/> Option C	Up to age 35	5.0%	1.0%	6.0%
	Age 35 to 44	5.0%	2.5%	7.5%
	Age 45 and above	5.0%	3.5%	8.5%
<input type="checkbox"/> Option D	All ages	5.0%	2.0%	7.0%
<input type="checkbox"/> Option E	All ages	5.0%	5.0%	10.0%
<input type="checkbox"/> Option F	All ages	5.0%	10.0%	15.0%

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**Selection of Investment Program** *(to be completed by member)*

Place a check mark in the box next to the investment program you choose. If you do not choose an investment program, you will be defaulted into the Self-Directed Investment Program and all of your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.

☐ **Washington State Investment Board (WSIB) Investment Program.**

☐ **Self-Directed Investment Program.** You must choose how your contributions will be invested. You may do so online at [www.icmarc.org/plan3](http://www.icmarc.org/plan3), or by phone at 1-888-711-8773. If you do not choose your investment allocations, your contributions will be invested in the Retirement Strategy Fund that assumes you'll retire at age 65.

You can obtain information about both investment programs by contacting ICMA-RC toll-free at 1-888-711-8773.

**Signature**

Member Signature *(required)*

Employee ID Number *(Assigned by employer)*

Date

**RETURN COMPLETED FORM TO YOUR EMPLOYER.**

**To Be Completed by Employer**

Print or type employer name and mailing address below:

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Reporting Group

**Employers:**

*Mail the original of this document to DRS.*

Department of Retirement Systems  
PO Box 48380  
Olympia WA 98504-8380  
Toll Free: 1-800-547-6657  
Local: 360-664-7000

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.